

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS WEB FOLLOW-UP REPORT

Provider DARE FAMILY SERVICES INC Provider Address 265 Medford St #500 , Somerville
Survey Team Boghoian, Mark; Hampton, Cheryl; Hayes, Leslie; MacPhail, Lisa; Date(s) of Review 09-FEB-15 to 10-FEB-15

Follow-up Scope and results :						
Service Grouping	Licensure level and duration	# Critical Indicators std. met/ std. rated at follow-up	# Indicators std. met/ std. rated at follow-up	Sanction status prior to Follow-up	Combined Results post-Follow-up; for Deferred, License level	Sanction status post Follow-up
Residential and Individual Home Supports 8 Locations 15 Audits	Defer Licensure	1/2	16/22	<input type="checkbox"/> Eligible for new business (Two Year License) <input checked="" type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	Recommendation to De-License	<input type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input checked="" type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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Summary of Ratings

Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L8
Indicator	Emergency Fact Sheets
Area Need Improvement	All emergency fact sheets must be complete, accurate, and available on site. Fact sheets must contain current medical information as well as current relevant personal information.
Status at follow-up	For 8 out of 10 audits, the agency had completed Emergency Fact Sheets with all required information. For two individuals the EFS was missing relevant medical diagnoses which were present on the health care records.
#met /# rated at follow-up	8/10
Rating	Met

Indicator #	L9
Indicator	Safe use of equipment
Area Need Improvement	In both 24 hour and placement services, there must be an assessment present for each individual assessing their ability to utilize various pieces of equipment and machinery safely.
Status at follow-up	All residential locations had equipment/machinery assessments completed and available for review.
#met /# rated at follow-up	6/6
Rating	Met

Indicator #	L11
Indicator	Required inspections
Area Need Improvement	Annual inspections that must be completed in each residential or placement home include, furnaces, sprinklers, fireplaces or pellet stoves, elevators, and a current Section 8 inspection where applicable.
Status at follow-up	All placement service locations surveyed had the required annual inspections in place.
#met /# rated at follow-up	4/4
Rating	Met

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Indicator #	L15
Indicator	Hot water
Area Need Improvement	Hot water must measure between 110 and 120 degrees to comply with regulation.
Status at follow-up	All placement service locations surveyed had hot water temperatures that did not exceed 120 degrees.
#met /# rated at follow-up	4/4
Rating	Met

Indicator #	L27
Indicator	Pools, hot tubs, etc.
Area Need Improvement	If there is a swimming pool on site, the following guidelines must be followed, Environmental safeguards (e.g. locked access when not in use) must be in place. An assessment of each individual's water safety skills must be made. Staff supervising individuals must be trained in water safety and CPR, with documentation present in the home. Policies and procedures outlining supervision and use of pool need to be in place, and staff need to be knowledgeable in the policies and procedures.
Status at follow-up	
#met /# rated at follow-up	
Rating	Not Rated

Indicator #	L38
Indicator	Physician's orders
Area Need Improvement	All medications, vitamins, or supplements administered must be accompanied by a current physician's order. Protocols for such things as seizure disorders must be in place from a health care professional when applicable, and staff must be trained on these protocols.

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Status at follow-up	For two out of three individuals rated for treatment protocols there were a number of issues identified. These included protocols that lacked information pertinent to special instructions. There was a lack of documentation from staff relevant to data collection and tracking of specific issues identified in these protocols. The agency needs to ensure that protocols are written with specific parameters identified and also ensure, that staff are implementing and documenting all components of the protocols.
#met /# rated at follow-up	1/3
Rating	Not Met

Indicator #	L39
Indicator	Dietary requirements
Area Need Improvement	The agency must ensure that staff and home care providers maintain and adhere to dietary recommendations from health care professionals. Additionally, the agency must ensure that current dietary evaluations are maintained and implemented as required.
Status at follow-up	For one individual reviewed in placement services, special diets were being followed.
#met /# rated at follow-up	1/1
Rating	Met

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	The health care record must be accurate and updated according to any changes in the individual's health or medication status.
Status at follow-up	For all individuals surveyed in residential and placement supports, health care records were accurate and current.
#met /# rated at follow-up	10/10

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Rating	Met
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Indicator #	L47
Indicator	Self-medication
Area Need Improvement	An assessment of an individual's abilities around self-medication must be present.
Status at follow-up	For all individuals surveyed in residential and placement supports, assessments regarding their ability to self-medicate were on file and available for review.
#met /# rated at follow-up	10/10
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	When restrictive practices that impact all individuals' served are put into place, the rationale must be clearly documented and reviewed by the Human Rights Committee. Additionally the individuals and guardians must be informed of these practices, and confirm that they understand the impact it may have on them.
Status at follow-up	For the one location rated, there was one restrictive practice in place (alarmed doors) for the safety of an individual and there was information available that individuals and guardians were informed regarding this restriction.
#met /# rated at follow-up	3/3
Rating	Met

Indicator #	L61
Indicator	Health protection in ISP
Area Need Improvement	The use and need for supports and health related protections must be included in the individual's ISP, and there must be assessments in place by qualified health care professionals which outline the need, and justification for the continued use.
Status at follow-up	For two individuals with health related protections, all documentation was in place.
#met /# rated at follow-up	2/2

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Rating	Met
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Indicator #	L62
Indicator	Health protection review
Area Need Improvement	Supports and health related protections must be reviewed by the ISP team, and be included in the ISP document and assessments. Health care provider orders must outline the use, and a supports and health related protections form must be filled out. If there are elements that restrict movement such as straps, bars, or belts involved with a support or health related protection, it must be reviewed by the Human Rights Committee.
Status at follow-up	All individuals with health related protections were reviewed by the Human Rights Committee.
#met /# rated at follow-up	2/2
Rating	Met

Indicator #	L64
Indicator	Med. treatment plan rev.
Area Need Improvement	Medication Treatment Plans must be reviewed by the ISP team, and included in the ISP. Plans that are developed between ISP meetings need to be forwarded to the area office along with a request for an ISP modification.
Status at follow-up	The agency had ensured medication and treatment plans were submitted to the area office once completed for all individuals reviewed.
#met /# rated at follow-up	5/5
Rating	Met

Indicator #	L67
Indicator	Money mgmt. plan
Area Need Improvement	When an individual is supported by staff to manage any portion of their own funds, the agency must outline in writing how they assist the individual with spending and managing these funds.
Status at follow-up	For seven out of eight audits, there was a written plan accompanied by a training plan when applicable when the agency had money management responsibility.

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#met /# rated at follow-up	7/8
Rating	Met

Indicator #	L68
Indicator	Funds expenditure
Area Need Improvement	The agency should ensure that there is administrative oversight over the financial affairs of its individuals, assure funds management agreements are adhered to by program staff, and individual finances are secure and utilized appropriately.
Status at follow-up	For the five audits reviewed all had appropriate expenditures that directly benefited the individuals.
#met /# rated at follow-up	5/5
Rating	Met

Indicator #	L69
Indicator	Expenditure tracking
Area Need Improvement	When the agency has responsibility for any of the funds belonging to the individuals, expenses must be closely tracked and monitored. Money coming in and out must be documented, and all receipts for purchases over twenty-five dollars made by, or on behalf of the individual must be kept.
Status at follow-up	For three out of five audits, financial records reviewed reflected a system of consistently logging funds out and in for expenditures and purchases in the community. For two audits there were a few transactions January 2015 where staff did not log funds out and in but rather documented what they spent. The agency needs to ensure that staff are logging funds out and in for all transactions.
#met /# rated at follow-up	3/5
Rating	Not Met

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Indicator #	L71
Indicator	Charges for care appeal
Area Need Improvement	When an individual is presumed competent, they may sign the document outlining their rights to dispute/appeal charges for care. If an individual has a guardian, the guardian must be notified of this right. While representative payees need to have this information, unless they are the individual's guardian, they cannot sign the notification on behalf of the individual.
Status at follow-up	For four audits in placement services all individuals were notified regarding their appeal rights for their charges for care.
#met /# rated at follow-up	4/4
Rating	Met

Indicator #	L84
Indicator	Health protect. Training
Area Need Improvement	When health related protections are in use, staff must be trained on the correct utilization of these devices. Protocols for use and maintenance of those protections need to be included in staff training that is documented.
Status at follow-up	For two audits in residential services staff received training in the correct utilization of health related protections.
#met /# rated at follow-up	2/2
Rating	Met

Indicator #	L85
Indicator	Supervision
Area Need Improvement	There were a number of regulations and DDS requirements that were not consistently in place either across Services or locations. The agency must provide more effective administrative oversight to ensure that established, and recently hired staff develop practices, training policies, and supervision content that is implemented consistently across the services provided, and the geographical locations.

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Status at follow-up	The agency needs to continue to increase ongoing supervision/monitoring of staff at all levels to ensure consistency throughout the agency. Continued oversight needs to include checking systems, auditing records to ensure staff have the knowledge and training to effectively provide services and maintain compliance.
#met /# rated at follow-up	2/6
Rating	Not Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	ISP assessments must be submitted 15 days prior to an ISP meeting.
Status at follow-up	
#met /# rated at follow-up	
Rating	Not Rated

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	Support strategies must be submitted 15 days prior to an ISP meeting.
Status at follow-up	For one ISP that occurred post the service enhancement meeting, the support strategies were submitted on time.
#met /# rated at follow-up	1/1
Rating	Met

Indicator #	L88
Indicator	Strategies implemented
Area Need Improvement	Across Services, data collected, and progress notes must reflect that the support strategies set forth and agreed upon in the ISP are being implemented and are effective in assisting the individual in objectives and goal attainment.
Status at follow-up	For six out of ten audits, there was limited information that reflected progress towards the development of skills or lack of. In some situations, the issue was directly linked to the data collection process. The agency needs to ensure staff have a clear understanding of their responsibilities as it pertains to ISP objectives/goals and information regarding peoples progress needs to clear.
#met /# rated at follow-up	6/10
Rating	Not Met

Administrative Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L48
Indicator	HRC
Area Need Improvement	There was inconsistency in the attendance of some committee members. An agency's Human Rights Committee must meet the membership, frequency of meetings, and content requirements.
Status at follow-up	The agency had one Human Rights Committee meeting since the Service Enhancement Meeting and the nurse and attorney were absent. The human rights committee issue identified prior to the follow up survey was inconsistent attendance from the attorney. The agency needs to explore ways to ensure there is representation at the meetings for all mandated functions.
#met /# rated at follow-up	0/1
Rating	Not Met